

# **SHORTAGE OCCUPATIONS LIST 2018/9**

## **CALL FOR EVIDENCE:**

### **SCOTTISH GOVERNMENT RESPONSE FOR HEALTH AND SOCIAL CARE**



# **Shortage Occupations List 2018/9 Call for Evidence:**

## **Scottish Government Response for Health and Social Care**

The Contribution of International Workers to the Delivery of Health and Social Care Services in Scotland: The Migration Advisory Committee Call for Evidence on Shortage Occupations.

This response to the Migration Advisory Committee's Call for Evidence was submitted in conjunction with a separate Scottish Government response detailing wider impacts for other sectors across Scotland. You can view the publication [here](#).

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Data within this report, published by NHS Information Services Division (ISD), was submitted to the Migration Advisory Committee on 16 February 2019. The latest quarterly statistics were made available by NHS ISD on 05 March 2019, and are available at: <https://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2363#2363>.

## Ministerial Foreword



The following paper sets out the Scottish Government's response for Health and Social Care to the Migration Advisory Committee's 2018 call for evidence on Shortage Occupations. Health and social care functions are largely devolved in Scotland and our aspirations reflect the Scottish Government's commitment to ensure that the people of Scotland live healthy, active and happy lives. Since its inception, the NHS in Scotland has benefitted from inward migration and our health and social care services are enriched greatly by the skills, abilities and different perspectives that inward migration brings.

The evidence that we have provided in this paper acknowledges the diversity of skills within our health and social care system and promotes a flexible and responsive approach to immigration. This includes recommending that specific provision is made within the UK-wide and Scotland Only Shortage Occupations Lists to meet the unique demands for health service delivery in remote and rural parts of Scotland. To inform the review we have collated evidence from across the Scottish Government with the support of NHS Scotland Health Boards, Care Scotland and the Scottish Social Services Council.

This review of the Shortage Occupations Lists takes place at a time of particular uncertainty. Withdrawal from the European Union will have a profound effect on the delivery of health and social care services, not least through the turbulence that it causes our international staff. It is apparent how much of our health and social care system has benefitted from intra-EU migration. Doctors, nurses and healthcare professionals across Scotland have shared concerns with me about the pressures that Brexit is already placing upon the NHS.

It is important that the UK Government acknowledges the wider anticipated impacts of proposed changes to immigration policy that flow from our withdrawal from the EU. The policy approach proposed within the UK Government's Immigration White Paper will have significant negative impacts on our ability to attract vitally important skilled health and social care professionals who provide frontline care.

The Migration Advisory Committee have indicated that they intend to continue gathering evidence from stakeholders and we would strongly urge the UK Government to revisit the significant shortcomings of their proposed policy approach. It is imperative that that our immigration system is responsive to the needs of Scotland's health and social care services and that we continue to be able to attract some of the brightest and best healthcare professionals from around the world.

I want to reassure staff that Scotland is an outward facing country, and we are proud of the diversity within our health and social care system. We will continue to welcome the talented individuals who want to come to live, work and build their lives in Scotland.

A handwritten signature in black ink, appearing to read 'Jeane Freeman', with a long horizontal flourish extending to the right.

**Jeane Freeman – Cabinet Secretary for Health and Sport**

## About this Paper

1. This paper sets out the Scottish Government response to the Migration Advisory Committee's (MAC) call for evidence on the review of the Shortage Occupations List. The MAC was commissioned by the UK Government in June 2018 to undertake this review, partly in response to changes to the UK immigration rules exempting all doctors and nurses from the Tier 2 skilled migration visa cap. Rule changes came into force on 06 July 2018.
2. This paper:
  - Examines the main reasons for job shortages in health and social care and the measures that the Scottish Government has taken to address these shortages.
  - Sets out how our response to this call for evidence is informed by a number of broader considerations relating to the future of the UK's immigration system, and the terms of our proposed departure from the European Union.
  - Details the operating context for health and social care delivery in Scotland and how the workforce needs of the sector are dependent on our operational and service delivery priorities.
  - It should be noted that it is extremely difficult to provide effective responses to this call for evidence given the inherent uncertainty surrounding the future of the UK immigration system, and in particular the future role of the Shortage Occupations Lists.

## Introduction: Our Position

3. In the referendum of 23 June 2016, while the UK as a whole voted to leave the European Union, a large majority in Scotland voted to remain part of it. The way in which the UK Government has chosen to respond to this is already having and will continue to have significant consequences for Scotland's prosperity, the rights and freedoms of its people, and the safety, quality and effectiveness of our public services. In December 2018, the UK Government published a long-anticipated White Paper on a future immigration system, which proposes major reform of how EEA nationals will be able to live and work in the United Kingdom<sup>1</sup>. This wider political backdrop of policy reform and unpredictability frames the Migration Advisory Committee's (MAC) recent call for evidence on the Shortage Occupations Lists<sup>2</sup>.

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<sup>1</sup> HM Government (2018), *The UK's future skills-based Immigration System*  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf)

<sup>2</sup> Migration Advisory Committee (2018), *Call for evidence: Shortage occupation list review*  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/769700/sol-call-for-evidence-extended-deadline.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769700/sol-call-for-evidence-extended-deadline.pdf)

4. Fundamentally, there remain many significant uncertainties about the terms of the United Kingdom's proposed departure from the European Union. The White Paper on immigration itself makes clear that the UK Government's future immigration proposals are contingent on the UK leaving the EU subject to the terms of the current Withdrawal Agreement. Accordingly, the White Paper is predicated on their being an implementation period, during which EU citizens already resident in the UK (or otherwise arriving in the UK) will be subject to the EU Settlement Scheme and, in principle, have a route to permanence. It is not at all clear at this stage, that the proposed Withdrawal Agreement in its current form, will form the basis of the UK Government's departure from the European Union and accordingly, the White Paper on future immigration may need to be fundamentally revisited.
5. Despite this inherent uncertainty, colleagues from across Scotland's Health Boards and key social care stakeholders have again worked hard to compile the readily available evidence, in order to ensure that the needs of Scotland are appropriately represented.
6. Scotland is an outward-looking, welcoming and diverse country. We remain a country of inward migration, which brings significant economic benefit to every sector of the Scottish economy, and which helps us to address pressing demographic challenges associated with Scotland's ageing population and supporting our remote and rural communities. Nevertheless, migration is about more than mere economic benefit. Migration is about individuals and families choosing to build their lives here in Scotland and making a positive contribution to our culture, our communities and our society. Nowhere is this more evident than in the positive contribution made by migrants working in Scotland's health and social care sector.
7. In view of this, the Scottish Government believes that continuing the free movement of EU and EEA citizens is in the best interests of our health and social care sector, both for Scotland and for the UK as a whole. As such, EU citizens choosing to move to the UK would not be subjected to the restrictions of the Tier 2 visa system. Equally, the Scottish Government does not believe that a restrictive immigration model, which limits free movement and which subjects both individuals and employers to high fees and a heavy administrative burden is conducive to creating the dynamic, welcoming and responsive migration system that our health and social care system needs. The Scottish Government maintains that the least worst outcome, short of maintaining EU membership, is to continue to participate fully in the Single Market, as a member of the European Economic Area and to remain in the Customs Union, through which we would retain the free movement of people.

8. The health and social care workforce in Scotland benefits enormously from the contribution made by staff from across the European Union, and the Scottish Government has been consistently clear that free movement, and all the advantages it brings, should be allowed to continue in Scotland. For example evidence from the European Commission EC Regulated professions database (1997 – 2016) demonstrates that in this period, across the whole EU 72,314 doctors applied to work elsewhere within the EU, of which 24,945 came to the UK. The equivalent proportion for nursing was equally high with 73,067 nurses moving within Europe, of which 34,678 came to the UK<sup>3</sup>. The Scottish Government's Programme for Government 2018-19 notes that *'Inward migration is vital to meeting Scotland's economic, demographic and cultural needs. All of Scotland's population growth over the next 25 years is due to come from migration.'*<sup>4</sup>
9. For migration from outside the EU, it is equally clear that a one-size fits all approach does not meet with Scotland's needs. The Scottish Government published a discussion [paper](#) on 7 February 2018 outlining Scotland's population needs and migration policy, which recommended devolving further powers to the Scottish Parliament to allow Scotland to take a differentiated approach. In doing so, that paper argued that major components of the UK Government's current approach to immigration policy were not propitious to the Scottish Government's domestic policy aims. In particular, that paper argued for the abolition of the net migration target and immigration skills charge in Scotland, alongside devolution of administrative responsibilities to the Scottish Parliament for determining the composition of the Scotland-Only Shortage Occupations List.
10. Overall, it is the view of the Scottish Government that the Shortage Occupations List is currently an inflexible tool. This is compounded by the fact that only Home Office Ministers can commission the MAC to review the lists, and only the Home Office can determine whether those lists are amended. The last wholesale review of the Shortage Occupations Lists took place some seven years ago<sup>5</sup>. Whilst there was a partial review in 2015, it is clear that the current approach is not sufficiently dynamic or responsive. The Scottish Government would welcome the adoption of a revised approach, that reduced both administrative bureaucracy and financial burden, and which

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<sup>3</sup> EU Professions Database (1997-2017), [http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=stat\\_origin&b\\_services=false](http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=stat_origin&b_services=false)

<sup>4</sup> Scottish Government (2018), *Delivering for today, investing for tomorrow: the Government's programme for Scotland 2018-2019* <https://www.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

<sup>5</sup> Migration Advisory Committee (2011), *Full review of the recommended shortage occupation lists* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/257269/skilled-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/257269/skilled-report.pdf)

allows the Shortage Occupations Lists to be flexible to both local and regional challenges, as well as supporting a growing economy.

### **UK Government White Paper: A Future Skills-Based Immigration System for the UK.**

11. Given the UK Government's stated commitment to a 12 month programme of engagement on the immigration proposals as set out in the White Paper it is regrettable that the consultation on the SOL is being viewed separately and to a different, significantly constrained timetable. We would therefore call on the MAC to facilitate further engagement with stakeholders between this deadline and Spring 2019 to capture as much of this missing evidence as possible.
12. The existence of the Shortage Occupations Lists is intrinsically bound up with the restrictiveness of the wider Tier 2 immigration system. A case in point can be found in the changes to the Immigration Rules made in July of last year, which exempted all doctors and nurses from the Tier 2 visa cap. The rule changes followed a period during which applications for certificates of sponsorship had exceeded the monthly available allocation in every month since November 2017. The effects were felt across the UK economy. Arguably, the impact was most acutely felt within healthcare, where it was widely reported that in the 5 month period between November 2017 and April 2018, only 34% of all Tier 2 visa applications for doctors were granted, notwithstanding continuing acute shortages of medical specialists in parts of the health service across the whole of the UK<sup>6</sup>.
13. It is welcome that the UK Government has accepted the recommendation of the MAC to permanently abolish the artificial cap on skilled migration. It is also welcome that the UK Government proposes to abolish the Resident Labour Market Test, which posed an unnecessary restriction on overseas employment and prolonged vacancy periods for posts that are critical to health services delivery.
14. Notwithstanding these changes, the UK Government's proposals for a future immigration system still present a number of acute risks for the future security and sustainability of the health and social care workforce in Scotland. These are a result of the narrow and arbitrary lens through which the proposals seek to define 'skilled migration', which do not take account of the social value of public sector employment, particularly that undertaken in the health and care professions. Further, these proposals seek to retain the principal elements of

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<sup>6</sup> Siddique H (2018), *The Guardian*, Thousands of UK visa applications by doctors refused. Figures from between 06/11/2017 – 05/04/2018. <https://www.theguardian.com/uk-news/2018/jun/12/uk-visa-applications-doctors-thousands-refused-figures-show-nhs>

the current Tier 2 visa system, through which salary measures are used as an unreliable proxy for determining the skill level of a given job role.

15. Of particular and notable concern is the decision to retain the Minimum Salary Threshold at £30,000 for applicants seeking a Tier 2 visa. This decision is indifferent to the fact that many health and social care staff may routinely earn less than £30,000, including qualified nursing staff, care home staff, allied health professionals (such as physiotherapists and radiographers) and healthcare scientists (such as cardiologists, neurophysiologists, audiologists and nuclear medicine practitioners). It ignores the fact that even staff with a number of years post-qualification experience may not be earning in excess of £30,000 and it also ignores the fact that public sector employers, who are subject to national pay guidance and collective bargaining, are unable to unilaterally adjust pay rates in order to attract overseas staff to fill vacancies and skills gaps. The ability of the private and voluntary sector to adjust salary rates is also heavily restricted. Equally, the minimum salary threshold requirement for permanent residence (£35,000) would exclude many health and social care professionals from ever being able to settle in the UK.

**Table 1. Proportion of Workforce (Selected Categories) beneath £30,000 Salary Threshold and former £35,000 Settlement Threshold**

	Estimated proportion of WTE earning <£30k	Estimated proportion of WTE earning <£35k
<b>Healthcare Scientists</b>	31.9%	49.9%
<b>Nursing staff</b>	45.4%	75.7%
<b>Physiotherapists</b>	25.0%	49.5%
<b>Radiographers</b>	27.2%	53.4%
<b>Occupational Therapists</b>	29.5%	57.4%
<b>Speech &amp; Language Therapists</b>	21.4%	43.8%
Source: ISD national workforce data (WTE) as at Sep-18: <a href="https://www.isdscotland.org/Health-Topics/Workforce/Publications/2018-12-04/visualisation.asp">https://www.isdscotland.org/Health-Topics/Workforce/Publications/2018-12-04/visualisation.asp</a> These calculations are for basic pay (i.e. without on-costs or allowances, overtime etc.) using the 2019-20 pay scales. Radiographers include Diagnostic and Therapeutic Radiographers.		

16. The salary threshold of £30,000, will restrict access to new entrants within the professions outlined in **Table 1**. Staff earning entry level salaries, represent young, mobile, elements of the workforce, for whom relocation poses fewer challenges. These prospective staff have the potential to settle and establish careers within the NHS. Restricting the flow of entry level staff negatively impacts on international recruitment initiatives. Therefore, it is important that we make special provisions for new entrants, not only in terms of a reduced

skills threshold as suggested by the MAC<sup>7</sup>, but also a reduced salary. By extension, where Doctors appear on the list, we would support their inclusion at training grades of CT1 and above.

17. Similar detailed data on salaries is not readily available for the social service sector, but for social care staff, estimates from stakeholders and employers indicate that with the exception of social workers and nurses working in care service providers, a significant proportion of social care staff earn less than £30,000. A reduced skills threshold would benefit the social services sector (over 22,000 of the care and managerial workforce in social services in Scotland have to gain qualifications at RQF6, while from 2020 the majority of the care workforce will have to gain qualifications to RQF3<sup>8</sup>).
18. The White Paper indicates that there should be some flexibility to the minimum salary threshold, to enable migration at lower salary levels<sup>9</sup>. It is important that a reduction in the salary threshold is considered, to allow entry for appropriately skilled health and social services staff.
19. In addition to the proposed retention of minimum salary thresholds, it is concerning that the UK Government has accepted the recommendation of the Migration Advisory Committee not to adopt a so-called 'low-skilled' migration route. UK Government accepts that this is likely to have an acute impact on particular sectors of the economy, including social care. Nevertheless, the White Paper proposals for a transitional and time-limited route for temporary short-term workers will not address these likely impacts. It is the view of the Scottish Government that the proposal will categorically not meet on-going workforce needs across health and social care. In our view, such a scheme would promote instability and increase costs by encouraging higher levels of workforce turnover. Consequently, this would have significant negative impacts on health and social care employers, including health boards, local authorities and third and private sector care providers, not to mention the beneficiaries of health and social care provision. The transitional time limited route will also negatively impact the continuity of care, interfering with the relationships established between staff and service users, that form a key component of high quality, rights-based care provision.

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<sup>7</sup> HM Government (2018), *The UK's future skills-based Immigration System*, pg 47  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf)

<sup>8</sup> The majority of the social services workforce is required to register with the Scottish Social Services Council. The final phase of registration will be complete in 2020, with a condition of registration being the attainment of the appropriate qualification for the role.

<sup>9</sup> HM Government (2018), *The UK's future skills-based Immigration System*, pg 29  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf)

20. Additionally, as the proposal stands, it is antithetical to the principles of fairness and dignity, offering applicants no right to access public funds, no ability to extend their stay, no ability to switch to other visa routes, no ability to bring dependents to live with them, and no prospect of working towards permanent settlement. Not only is this grossly unfair, but the scheme will offer little or no incentive for international workers to seek to come to the UK in the first place and as such is not likely to provide the necessary assistance that employers will need as they seek to fill skills shortages across the sector. It must be recalled that there is significant interdependence across the health and social care system. Where shortages exist within the social care workforce that affect service delivery capacity, this can have a concomitant impact on service delivery within both primary and secondary healthcare services.

### **Economic and Fiscal Impacts: The Net Negative Effect on Health and Social Care Services Delivery**

21. Turning briefly to the UK Government's own analysis of the impact of the White Paper proposals, the Economic Appraisal appended to the White Paper acknowledges that moving to a system that applies both an RQF3+ skills threshold and a £30,000 salary threshold could reduce annual inflows of EEA long term workers by around 80%<sup>10</sup>. Again, using the UK Government's own analysis, this could result in a reduction of between 200,000 and 400,000 fewer long-term EEA workers in the UK by 2025<sup>11</sup>. This is predicted to have a negative effect on the UK's economic output with anticipated reductions in both aggregate GDP and GDP per capita. Again, the UK Government's own fiscal analysis indicates that this net reduction in EEA migration would have a negative impact on Exchequer receipts, particularly as EEA migrants tend to have a lower fiscal cost and present a greater fiscal benefit than the resident overall migrant population.

22. Analysis presented by the MAC indicated that an EEA national, aged around 20 and with no dependents, would only need to earn between £10,000 and £15,000 to provide a net fiscal contribution<sup>12</sup>. This is supported by the Scottish Government's own analysis, which found that on average each additional EU citizen working in Scotland contributes a further £34,400 in GDP and that as there are some 128,400 EU citizens employed in Scotland, this implies that the total contribution to GDP is in the region of £4.42 billion per annum. The Scottish Government's own economic modelling also shows that

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<sup>10</sup> HM Government (2018), *The UK's future skills-based Immigration System*, pg 128  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf)

<sup>11</sup> *ibid*

<sup>12</sup> *Ibid* at p.131

on average, each additional EU citizen working in Scotland contributes some £10,400 in government revenue. The UK Government estimates that the cumulative fiscal cost to the exchequer of a reduction in EEA migrants is likely to be between £2 and £4 billion by 2025. Investment and reform is necessary in light of the predicted impact of Brexit on the health and social care sector, and the potential economic damage to Scotland's GDP of £12.7 Billion by 2030, compared with staying in the EU<sup>13</sup>.

23. Equally, there are widely anticipated negative impacts on the labour market, which has implications for public services delivery, and which in turn will have impacts on the wider UK population. Worker inflows of EEA migrants (assuming an RQF3+ skills threshold and a minimum salary of £30,000) within medical services could be reduced by nearly 70%<sup>14</sup>. This rises to almost 100% of EEA worker inflows into caring, leisure and other services. This does not necessarily represent a large overall proportion of the resident workforce, when contextualised in terms of the overall size of the health and social care sector. Nevertheless, the aggregate figures signally fail to account for the overall strategic and social contribution of specific posts to health and social care services delivery, nor do they factor in the impact that forestalling workforce supply will have in the context of workforce turnover. Once again, the UK Government's own analysis highlights that high, medium and lower skilled occupations are likely to face some labour market adjustment difficulties as a result of these immigration proposals. Health Professionals, Therapy Professionals, Health and Care Services Managers and Welfare Professionals are identified as being posts of comparatively high relative value in terms of wages and overall contribution to public services, whilst also being likely to encounter labour market adjustment difficulties. A reduction in care services availability linked to staffing shortages would have significant knock-on effects due to the impacts on unpaid carers' ability to participate in the labour market, with over a third of carers reporting they have given up work to provide care.

24. In addition to the foregoing, it should be noted that a reduction in EEA worker inflows is likely to have a negative impact on the working age population overall. In Scotland in particular, all domestic population growth over the next 10 years is anticipated to come from inward migration. As Scotland is significantly less urbanised than the rest of the UK, the contribution of individual migrants to the communities in which they live, along with the wider

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<sup>13</sup> The Scottish Government (2018), *The contribution of EEA citizens to Scotland: response to the Migration Advisory Committee call for evidence*, p. 43 <https://www.gov.scot/publications/contribution-eea-citizens-scotland-scottish-governments-response-migration-advisory-committee-9781788514057/pages/2/>

<sup>14</sup> HM Government (2018), *The UK's future skills-based Immigration System*, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766465/The-UKs-future-skills-based-immigration-system-print-ready.pdf)

contribution to public services delivery, society and Scottish culture, cannot be underestimated, and extends well beyond their work-related productivity. In particular, the pattern of population distribution and depopulation trends in remote and rural areas means that the value of migrants is more than their skills contribution to the labour market. Rural population sustainability is dependent on a progressive commitment to support rural services delivery, key services including GP and district nursing services, social care services and access to community hospitals are vital<sup>15</sup>.

## **Health and Social Care Delivery in Scotland**

25. Health and social care are largely devolved functions in Scotland. As such, the National Health Service (NHS Scotland) is structurally different from its counterparts in other parts of the UK. The vast majority of traditional health activity is conducted through NHS Scotland and a much lower proportion of healthcare activity is undertaken within the independent and voluntary sectors, as compared with England for instance. This means that the vast majority of the health sector workforce is employed by the public sector in Scotland. The private sector makes up 41% of the social services workforce, the public sector 31% and the voluntary sector 28%. However, this varies across Scotland, for example Orkney Island Council employs 82% of the workforce in their area.
26. NHS Scotland is structurally organised into 14 regional (territorial) Health Boards, which are responsible for the protection and the improvement of their resident population's health and for the delivery of frontline healthcare services. Additionally, 7 special NHS Health Boards and 1 public health body, support the regional NHS Boards by providing a range of important specialist and national services.
27. As of 1 April 2016 specified health and social care functions have been delivered under the auspices of an Integration Authority, pursuant to the Public Bodies (Joint Working) (Scotland) Act 2014. There are 31 such authorities, who oversee an integrated budget and the commissioning of services for the provision of adult social care. In some instances, children's social work services have also been devolved to the integration authorities. Health and social care integration is the most significant reform to health and social care services in Scotland since the creation of the NHS in 1948. The clear aim of integration is to place a greater emphasis on joined-up services, anticipatory and preventative care, providing an improved service to carers and their families.

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<sup>15</sup> The Scottish Government (2018), *The contribution of EEA citizens to Scotland: response to the Migration Advisory Committee call for evidence*, <https://www.gov.scot/publications/contribution-eea-citizens-scotland-scottish-governments-response-migration-advisory-committee-9781788514057/pages/2/>

28. Health Boards in Scotland recruit locally to fill vacancies and are collectively the largest group of employers in Scotland; staff working for Integration Authorities may work variously for the relevant regional Health Board or Local Authority. With the exception of territorial boards operating in the central belt (NHS Lothian, NHS Greater Glasgow and Clyde and NHS Lanarkshire, all Health Boards in Scotland deliver their services within a remote and rural context, providing specialist, emergency and elective treatment to sparsely dispersed populations over large geographical areas.

## The Current Shortage Occupations Lists – Clinical and Other Health and Social Service Professionals

29. The existing UK Shortage Occupations List specifies limited medical practitioner posts, in known areas of acute shortage, specifically radiology, emergency medicine and psychiatry. A number of allied health professionals, chiefly medical radiographers and healthcare science nuclear medicine practitioners are also included. All categories of nurse and all paramedics, are also included. Other than nurses working in the sector, the only social services workers included are social workers working in children’s and family services.

### UK Shortage Occupations List

SOC Code	Job Titles (& Further Criteria)
2211 Medical Practitioners	<p>Consultants in the following specialties:  Clinical radiology  Emergency medicine  Old age psychiatry  CT3 trainee and ST4 – ST7 trainee in emergency medicine  Core trainee in psychiatry</p> <p>Non-consultant, non-training, medical staff posts in the following specialties:  Emergency medicine (including specialist doctors working in accident and emergency)  Old age psychiatry  Paediatrics</p>
2217 Medical Radiographers	<p>HPC registered diagnostic radiographer  Nuclear medicine practitioner  Radiotherapy physics practitioner  Radiotherapy physics scientist  Sonographer</p>
2219 Health Professionals not elsewhere classified	<p>Neurophysiology healthcare scientist  Neurophysiology practitioner  Nuclear medicine scientist  Orthotist  Prosthetist</p>
2231 Nurses	All jobs in this occupation code
3213 Paramedics	All jobs in this occupation code
2442 Social Workers	Only the following jobs in this occupation code social worker working in children’s and family services

30. The Scotland Only Shortage Occupations list additionally includes clinical oncology at consultant grade, alongside anaesthetics, paediatrics, obstetrics and gynaecology. Additional training and staff grade posts are also included. In terms of allied health professionals and healthcare scientists, the Scotland

only list includes AHPs working in diagnostics radiology, as well as healthcare scientists such as radiotherapy physics practitioners and radiotherapy scientists.

### Scotland Only Shortage Occupations List

<b>SOC Code</b>	<b>Job Titles (&amp; Further Criteria)</b>
2211 Medical Practitioners	Jobs on the UK SOL. Consultant in clinical oncology, Non-consultant, non-training medical staff post in clinical radiology CT3 trainee and ST4 to ST7 trainee in clinical radiology All grades except CPT1 in psychiatry All grades in anaesthetics, paediatrics, obstetrics and gynaecology
2217 Medical Radiographers	Jobs on the UK SOL. Medical physicist Staff working in diagnostics radiology (including magnetic resonance imaging).

31. It has been argued that as the UK and Scotland only lists do not differ substantially, this demonstrates that there is limited regional variation in strategic workforce needs and shortages. In terms of health and social care however, the existing Scotland Only list not only includes additional consultant grade specialists, but it also includes additional staff and training grade posts, across some of our largest clinical job families, including anaesthetics and paediatrics. A number of these specialties continue to experience high vacancies and job shortages, underpinned by complex factors, as evidence set out in the forthcoming sections will demonstrate.
32. The Scottish Government's view, notwithstanding that doctors are currently exempt from the Tier 2 visa cap is that where there is continuing evidence of shortage within a specialty, then those occupation codes should be maintained on the Shortage Occupations Lists. Equally, given the highly competitive global market for consultants, alongside their lengthy education and training pathways, where there is on-going evidence of shortage at consultant grade, the SOL should routinely include training and staff grade posts within the same specialty. This would provide health boards with the necessary flexibility to consider reconfiguration of an existing service and think creatively about how they might respond to skills gaps. It would also allow boards to be more proactively responsive in a climate of on-going service transformation and allow boards to make best use of multidisciplinary teams.

33. Social Workers are on the UK Shortage Occupation List, with a job restriction to those working in children’s and family services. The Scottish Government consider that Social Workers should be included in the Shortage Occupation List, or if necessary within the Scotland Only list, without qualification as to the specific nature of their role. The evidence we have indicates that it is social workers working with adults where shortages are greatest in Scotland.

### Current Acute Shortages

34. Evidence from NHS Health Board returns, alongside vacancy information data which is published quarterly by NHS Information Services Division (the most recent data is accessible [here](#)) highlights the following occupations as having the most acute shortages

### Health Workforce

Job title	Closest ONS job title	Closest ONS occupation code
Nurses & Midwives	Nurses	2231
Physiotherapists	Physiotherapists	2221
- Diagnostic Radiographers - Nuclear medicine practitioner - Sonographers - Radiotherapy physics practitioner - Radiotherapy physics scientist	Medical Radiographers	2217
Clinical Physiologists: - Cardiac Physiology - Neurophysiology - Respiratory Physiology - Sleep Physiology - GI Physiology		2219
		2219
	Respiratory Physiologists	2219
		2219
	Gastro Intestinal Technologists/physiologists	2219
- Vascular Science	Vascular technologists/physiologists	2219
Paramedics	Paramedics	3213
Doctors:	Medical Practitioner	2211
- General Surgery		
- Gastroenterology	Medical Practitioner	2211
- Psychiatry	Medical Practitioner	2211
- Radiology	Medical Practitioner	2211
- Histopathology	Medical Practitioner	2211
- Vascular Surgery	Medical Practitioner	2211
- Paediatrics	Medical Practitioner	2211
- Anaesthetics	Medical Practitioner	2211
- Oncology	Medical Practitioner	2211
- Urology	Medical Practitioner	2211

## Social Care Workforce

Evidence from a range of sources suggests there are significant shortages in the following occupations.

	<b>Job title</b>	<b>Closest ONS job title</b>	<b>Closest ONS Occupation code</b>	<b>Sector(s) most affected</b>
1	Social Workers	Social Workers	2442	Social work
2	'Care at home support worker' or equivalent	Care workers and home carers	6145	Care at home
3	'Care home support worker', or equivalent	Care workers and home carers	6145	Care homes for adults
4	Nurse	Nurse	2231	Care homes for adults
5	Housing Support Workers	Officer, support, housing & Worker, support, housing.	3234	Housing Support

### The Principal Reasons for Acute Shortages

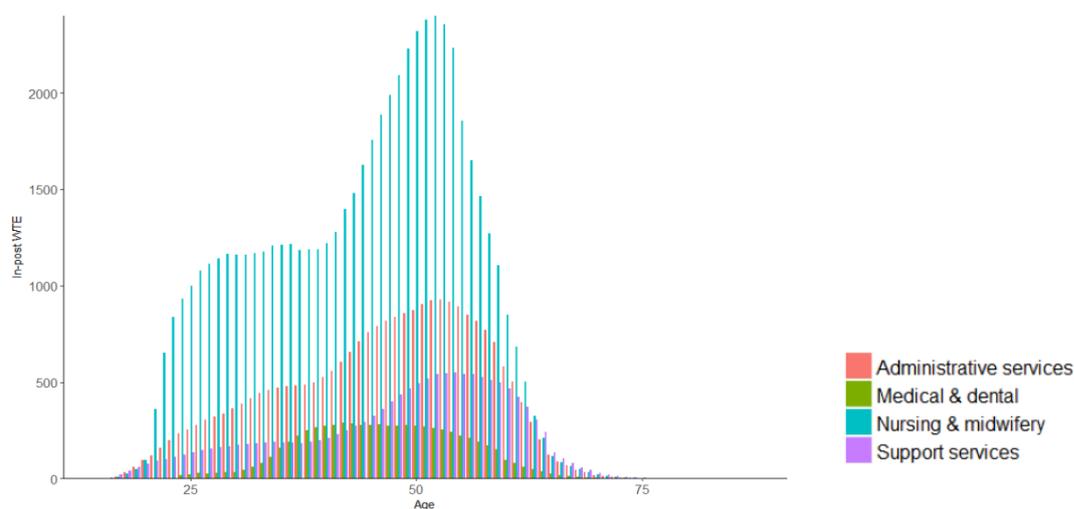
35. The principal job shortages across health and social care in Scotland reflect observable trends both UK wide and internationally, particularly in relation to medical specialists, nursing staff and general practitioners. Nevertheless, these observable market trends are also exacerbated by issues of population demography and the remote and rural context, which is a defining feature of the environment in which we deliver health and social care services.
36. NHS Scotland and social care services are challenged with growing demand resulting from an ageing population, alongside other population health challenges, including an increase in the numbers of young adults living with disabilities. Demographic changes are anticipated to generate a 1% year-on-year, aggregate increase in demand for healthcare. Non-demographic growth, generated by increased public expectations, advances in new technology and service development, have been factored in to Scottish Government projections at 2-2.5% growth year on year. Pressures in the social care sector are likely to be slightly higher for a variety of reasons, including a focus on the very elderly, where demographic pressures are at their greatest. These factors continue to place pressure on training and recruitment, which we are actively addressing through workforce planning, to help ensure that our integrated health and care services have access to a workforce of sufficient size and skill.

## Nursing and Midwifery

37. Statistics published by NHS ISD on 04 December 2018, indicate that at 30 September 2018, 3022.2 WTE vacancies existed within the Nursing and Midwifery workforce in NHS Scotland, equating to a vacancy rate of 4.8%. There are over 3,300 WTE more Nursing and Midwifery staff working in NHS Scotland than 5 years ago, with 5 years of consecutive growth. The number of community Nursing and Midwifery staff has increased by 473.1 WTE (4.1%) in the past year alone. Approximately 6,700 nurses work in the social services sector, the vast majority in care home for adult services.

38. An ageing population with a significant proportion of the workforce approaching retirement, will inevitably increase turnover, and is expected to exacerbate existing vacancy issues. This issue is particularly prescient, and most prominent within the Nursing and Midwifery Job Family, as demonstrated in **Figure 1**, where 19.2 % of the workforce is expected to retire in the next 10 years.

**Figure 1:** Demographic composition of NHS Scotland workforce by job family, December 2018<sup>16</sup>

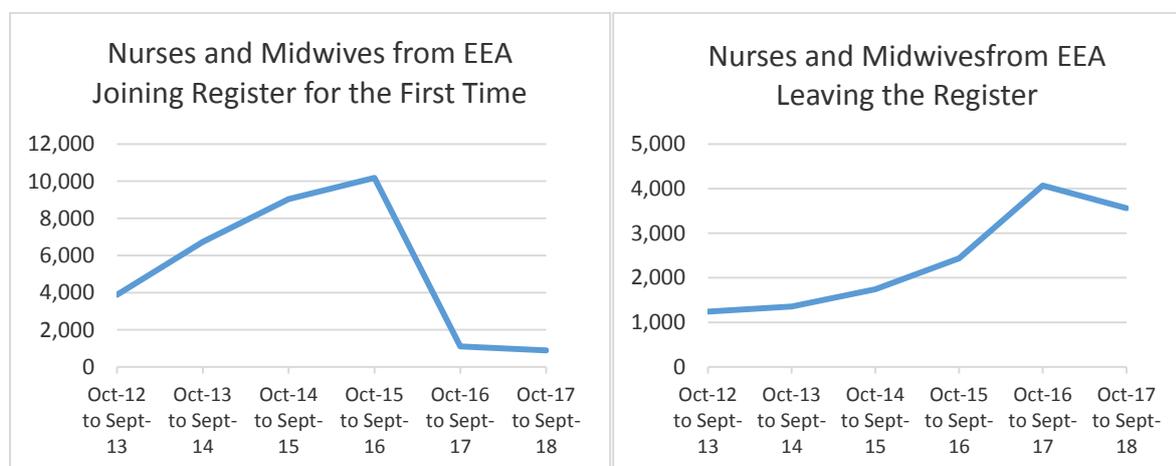


39. Demographic challenges within Nursing and Midwifery are exacerbated by acute supply issues also. Notwithstanding their current exclusion from the cap, nursing staff may not meet with existing Tier 2 minimum salary thresholds, meaning that future changes to immigration rules could stifle supply. This coupled with projected reductions in the movement of staff from within the European Economic Area poses an acute threat. Data from the Nursing and Midwifery Council shows a rapid decline in the numbers of Nurses/Midwives joining the register for the first time following EU withdrawal (9,038 between Oct-14 – Sept-15; 888 between Oct-17 - Sept-18), alongside

<sup>16</sup> Watt S (March 2018), WTE staff in NHSScotland by age for four different job families, Source: Scottish Workforce Information Standard System (SWISS)

a notable increase in departures from the register, (1,743 between Oct-14 to Sept-15), as demonstrated in **(Figure 2)**<sup>17</sup>.

**Figure 2. Nurses and Midwives Joining and Leaving the NMC Register**<sup>18</sup>



## Social Care Services

40. Statistics published by the Care Inspectorate and Scottish Social Services Council (SSSC) in January 2019, taken from 89% of services in Scotland, show that vacancy levels across social services are significant and increasing. 38% of services reported vacancies at the end of 2017, an increase of 2% points on the previous year<sup>19</sup>. This compares to the 20% of all establishments reporting vacancies in Scotland. The rate of whole time equivalent vacancies for all social care services in Scotland is also increasing, up to 5.9% at end 2017 from 5.5% one year earlier. This is higher than the overall vacancy rate for all establishments in Scotland of 3.1%. Problems filling vacancies were reported by 45% of services at end 2017, up from 44% a year earlier. The main reasons reported for problems filling vacancies include :

- Too few applicants with experience (58%)
- Too few applicants (57%)
- Too few qualified applicants (50%)

41. The social care sector benefits extensively from staff from across the EU. Robust estimates of the contribution of EU-nationals to the social services workforce indicate that 5.5% of adult social care staff in Scotland are from other EU countries<sup>20</sup>. However much higher figures are found for specific

<sup>17</sup>Nursing and Midwifery Council September 2018 <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

<sup>18</sup> ibid

<sup>19</sup>Scottish Social Services Council (2019), *Staff vacancies in care services 2017 report*

<https://data.sssc.uk.com/data-publications/193-staff-vacancies-in-care-services-2017-report>

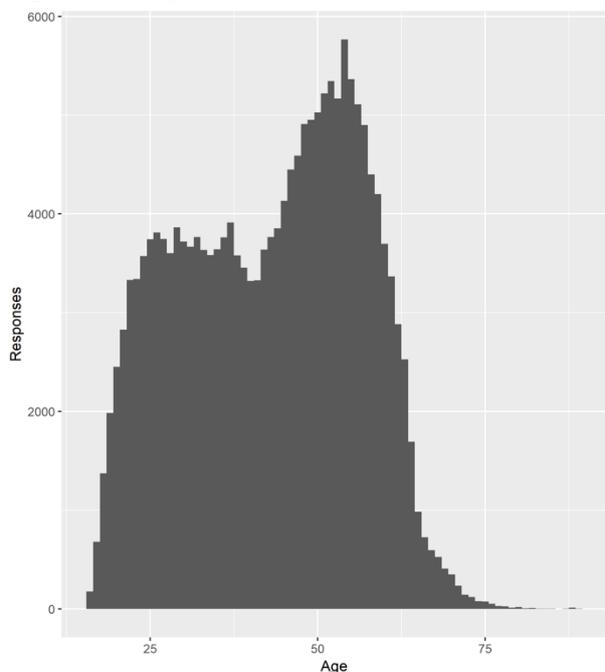
<sup>20</sup> Scottish Government (2018), *EU workers in Scotland's social care workforce: contribution assessment*

<https://www.gov.scot/publications/contribution-non-uk-eu-workers-social-care-workforce-scotland/pages/2/>

services and service providers, with stakeholders reporting figures of 11-35% in some services at a recent roundtable discussion with Scottish Ministers.

42. The age profile of the workforce shown in **Figure 3** indicates that a significant proportion of the workforce is approaching retirement, which will exacerbate vacancy issues.

**Figure 3:** Age profile of care service workforce December 2017<sup>21</sup>



43. **Social Workers:** The whole time equivalent vacancy rate for social workers in local authorities in Scotland was estimated by the SSSC as 5.7% in December 2017, with highest rates seen for those working with adults (7.6%) and in criminal justice (6.2%). Current shortages may in part be due to an increase in the proportion of social workers approaching retirement. There have also been lower numbers of qualifications and admissions to training programmes in recent years, possibly linked to a reduction in the numbers of qualifying undergraduate programmes.

44. **Nurses in social care:** 6,700 nurses, equivalent to 10% of NMC-registered nurses in Scotland, work in social care, the majority in care homes for adults. The majority are employed in the independent sector and an increasing proportion (30%) are employed by nursing agencies. The percentages of non-UK EU nationals among NMC-registered nurses in the sector is 7.3%, while the percentage of non-UK EU nationals in nursing agencies is 16.5%. The nurse vacancy rate for care homes for adults was estimated by the SSSC at 14% in December 2017, while Scottish Care (the representative body for

<sup>21</sup> Adapted from Scottish Social Services Council (2018) Report on 2017 social service workforce data: <https://data.sssc.uk.com/data-publications/22-workforce-data-report/178-scottish-social-service-sector-report-on-2017-workforce-data>

independent sector care providers in Scotland) estimated nursing vacancies among their members at 20%, with over 90% struggling to recruit nurses (2017 survey data). The main reason reported was the better terms and conditions available in the NHS. Overall nurse numbers and the ability to recruit from outwith the UK are therefore particularly critical for the social care sector.

**45. Care homes for adults care/support workers:** Care Inspectorate and SSSC reported data showed that 57% of care homes for adults reported vacancies at the end of 2017, with the same percentage reporting that they found vacancies hard to fill. The most common reasons reported were too few applicants (55%), too few applicants with experience (55%) and competition from other service providers (38%). The rate of WTE vacancies was 5.2%, up from 4.7% the previous year<sup>22</sup>. There are significant numbers of non-UK EU nationals (total number estimated of 3,150), making up 5.9% of staff in care homes for adults. This picture is supported by 2018 data from Scottish Care, covering around 10% of care home staff in Scotland. This showed that 61% of their care home provider members had care worker vacancies, with increasing numbers turning to agencies. 8.1% of staff were from outwith the UK, including 5% from the EU. 42% of services recruited from the EU for care roles.

**46. Lack of ability to recruit non-UK nationals poses considerable risks to service provision, with some individual services highly dependent on non-UK EU staff.** All care home for adult care workers must register with the SSSC and need to gain the qualification required for their role (at least RQF 3). However, participants in a recent Ministerial roundtable with the sector indicated that with the exception of nurses, salaries would not meet a £30,000 threshold, with average salaries of the order of £18,000. Many service providers are small and a more complex process for recruitment outwith the UK is likely to prove challenging.

**47. Care at Home and Housing Support care/support workers:** Care Inspectorate and SSSC reported data showed that 60% of care at home/housing support services reported vacancies at the end of 2017, with 57% reporting that they find vacancies hard to fill. The most common reasons reported were too few applicants (71%), too few applicants with experience (56%) and candidates unable to work the hours needed (56%). The rate of WTE vacancies was 7.4%, up from 7.1% the previous year<sup>23</sup>. The number of non-UK EU nationals working in care at home/housing support services was estimated at 2,850 (4.1%) in early 2018<sup>24</sup>.

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<sup>22</sup>Scottish Social Services Council (2017), *Staff vacancies in care services*, (pages 7, 24, 35, 38, 47 & 52) <https://data.sssc.uk.com/images/StaffVacancies/Staff-vacancies-in-care-services-2017.pdf>

<sup>23</sup> ibid

<sup>24</sup> The Scottish Government (2018), *The Contribution of Non-UK EU Workers in the Social Care Workforce in Scotland* <https://www2.gov.scot/Resource/0053/00538124.pdf>

48. The challenges arising to this sector from a reduction in ability to recruit from outwith the UK are similar to those outlined above for care homes for adults, with average salaries of the order of £18,000 according to stakeholder estimates. From 2020 all care workers in these services will be required to register with the SSSC and gain the qualification required for their role (at least RQF 3).

## Doctors: Consultants

49. The consultant workforce in NHS Scotland is also vulnerable to changes in migration strategy. Much of the medical workforce originates from outside of the UK: 16.6% of all doctors currently practising in Scotland have a primary medical qualification from outwith the UK (3,781/22,740) with 5.7% from the EEA (1,303/22,740)<sup>25</sup>. **Figure 4** uses GMC data to give an indication of the exposure of the consultant workforce to both EEA and International staff.

50. Most notably: Vascular Surgery, Orthopaedics and Diagnostic Radiology all rely on intra-European migration, with a significant proportion of the existing workforce having a primary medical qualification from within the EEA<sup>26</sup>. Indications are that the United Kingdom has reduced appeal as a destination for EU migrants, as the UK is perceived as an increasingly hostile destination for immigrants. A British Medical Association (BMA) survey in November 2017 reported that almost a fifth of EU-27 doctors working in the UK have made plans to leave since the referendum vote<sup>27</sup>.

51. The international recruitment market for consultants is porous, and an insufficiently flexible approach to the migration of medical professionals going forward would compromise service delivery within NHS Scotland. Given the lengthy training pathways, demand for consultants cannot be met exclusively through the creation of new domestic training places, particularly in the short to medium terms. Given the mobility of fully trained consultants, guarantees cannot be made that trainees will remain in Scotland. The existing Tier 2 system presents logistical and administrative barriers that interfere with the recruitment of consultants to NHS Scotland. It is essential that these are minimised to ensure that we are not competitively disadvantaged.

52. Health Boards surveyed have indicated that in the short-term the most acute problems with recruitment exist in Psychiatry, Radiology, General Surgery, Geriatric Medicine, Histopathology and Gastroenterology. A more detailed discussion of the shortages experienced amongst the medical workforce,

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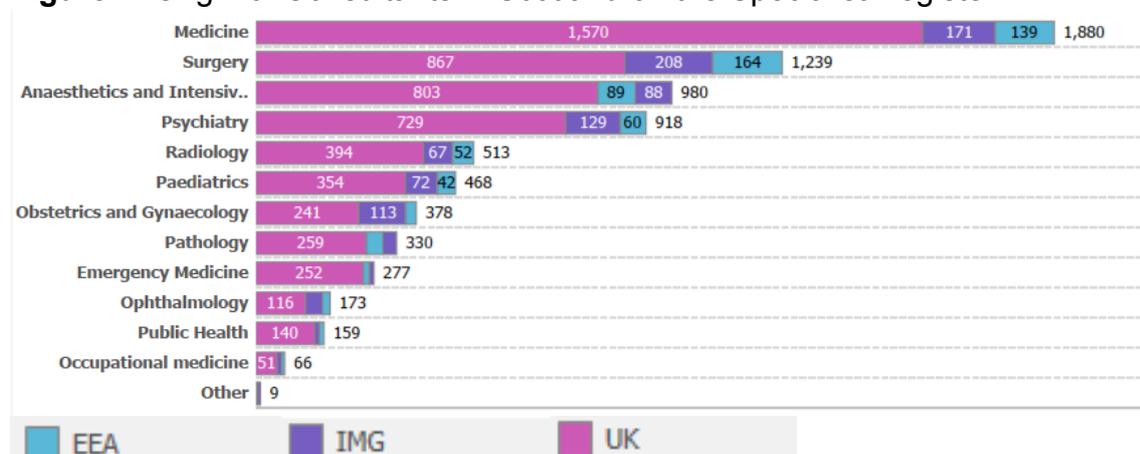
<sup>25</sup> General Medical Council, (February 2018) <https://data.gmc-uk.org/gmcdata/home/#/reports/The%20Register/Stats/report>

<sup>26</sup> *ibid*

<sup>27</sup> British Medical Association News Release (2018), *Almost a fifth of EU doctors have made plans to leave UK following Brexit vote* <https://www.bma.org.uk/news/media-centre/press-releases/2017/november/almost-a-fifth-of-eu-doctors-have-made-plans-to-leave-uk-following-brexit-vote>

alongside current salary information, can be found within the submission from NHS Education Scotland, the sponsor in Scotland for all doctors in training, and in the returns from NHS Lothian and NHS Greater Glasgow and Clyde, which are appended at Annex A.

**Figure 4.** Origin of Consultants in Scotland on the Specialist Register:



### General Practice

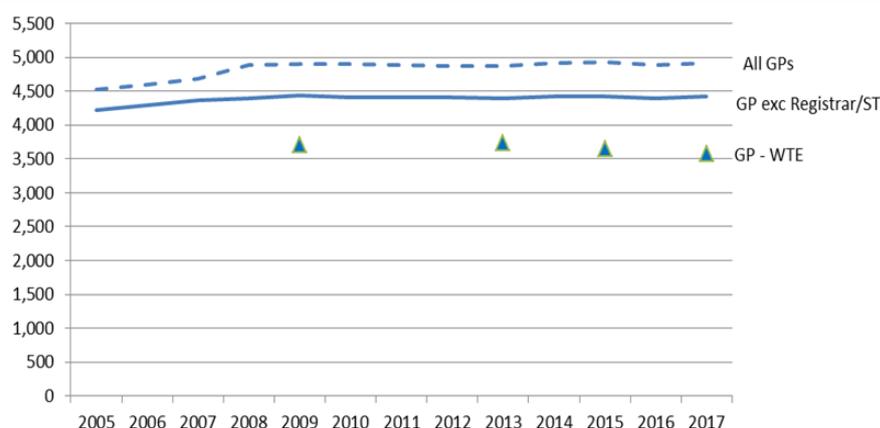
53. Recent evidence demonstrates that there is a declining number of registered GPs in practice in Scotland. This comes at a time where the demand on primary care services is steadily increasing due to a combination of an ageing population and rising levels of multi-morbidity. The number of people aged 65 and over is estimated to increase by around 60% from 0.93 million to 1.48 million by 2039, leading to substantial rises in a range of long-term conditions<sup>28</sup>. People with long-term conditions already account for about 50% of GP appointments, placing significant and increasing strain on services. Patients are also demanding more from their healthcare professionals: they rightly expect higher standards of care, more information about their treatment, more involvement in decisions about their care and improved access to the latest treatments.

54. While the headcount number of qualified GPs working in NHS Scotland has increased by around 200 since 2005 to around 4,400, there has been a steady fall in the estimated whole time equivalent<sup>29</sup> since 2013 (**Figure 5**).

<sup>28</sup> Department of Health (2012), *Long Term Conditions Compendium of Information: Third Edition* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216528/dh\\_134486.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf)

<sup>29</sup> The GP whole time equivalent figures are estimates based on data from the biennial *Primary Care Workforce Survey* and therefore are indicative.

**Figure 5: GP headcount and whole time equivalent, 2005-2017<sup>30</sup>**



55. The combination of falling capacity and steadily rising demand from an increasing ageing population is placing general practice under significant and unprecedented pressure. This is apparent from the latest *Primary Care Workforce Survey*<sup>31</sup>, which found that:

- Nearly a quarter (24%) of responding GP practices reported current GP vacancies, compared to 22% in 2015, and 9% in 2013.
- The GP vacancy rate has increased from 1.7% of total sessions in 2013 to 5.6% in 2017.
- The estimated WTE of GPs has decreased by over 4% since 2013.
- Nearly 9 out of 10 practices reported using GP locums in the 12 months preceding the 2017 surveys.
- There has been a continued decrease in the proportion of GPs working eight or more sessions per week: from 51% of GPs in 2013 to 37% in 2017.
- Over a third (36%) of all GPs are aged 50 years or over, with a significant risk these doctors will leave the profession as demand continues to outpace workforce supply.

56. As set out in the *Health and Social Care Delivery Plan*<sup>32</sup>, the Scottish Government's vision for the future of primary care is for enhanced and expanded multi-disciplinary community care teams, made up of a variety of professionals each contributing their unique skills to managing care and improving outcomes. This is accompanied by a clearer whole system quality improvement and clinical leadership for General Practitioners (GPs) via the new General Medical Services (GMS) Contract. Strong primary care services focused on prevention, anticipatory care planning and self-management are fundamental to ensuring the sustainability of the NHS.

<sup>30</sup> Data from *GP Workforce and practice list sizes 2007–2017* and *National Primary Care Workforce Survey 2017*

<sup>31</sup> NHS National Services Scotland (2018), *Primary Care Workforce Survey 2017*

<http://www.isdscotland.org/Health-Topics/General-Practice/Publications/2018-03-06/2018-03-06-PCWS2017-Report.pdf>

<sup>32</sup> Scottish Government (2016), *Health and Social Care Delivery Plan*

<http://www.gov.scot/Resource/0051/00511950.pdf>

57. The recent Nuffield report *Shifting the balance of care: Great expectations*<sup>33</sup> highlighted the implementation challenges involved in shifting care out of hospital settings to deliver the triple aim of improved population health, better patient care, while reducing costs. It stressed the need to properly resource primary and community care in taking on additional responsibilities as transition is further embedded.

## Allied Health Professionals

58. The AHP workforce has increased by over 30% in the last 10 years - from 8,800 in 2006 to around 11,500 in 2017<sup>34</sup>. This reflects a growing need for professionals with a diverse range of specialist skills who can make a vital contribution as first point of contact practitioners for diagnostics, early rehabilitation and enablement. Amongst Allied health professionals, shortages persist within Radiography & Sonography, Prosthetics and Orthotics, and amongst Paramedics, all of whom are present on the current SOL. Other notable shortages have been highlighted within physiotherapy, and occupational therapy.

59. Within physiotherapy, NHS Scotland currently has some 205.6 vacancies, equating to a vacancy rate of 6.7%<sup>35</sup>. These issues are expanded upon within the NHS Lothian return, which has been appended. Additional profiles have been provided within Annex C for several key roles, experiencing acute vacancy (Cardiac Physiology/ Prosthetics and Orthotics/ Physiotherapy).

60. For a significant proportion of Allied Health Professionals international recruitment is contingent on the presence of their occupation on the Shortage Occupations List, in order to meet the Tier 2 salary threshold. **Table 1** indicates the proportion of AHPs affected by the £30,000 threshold, as well as the £35,000 settlement threshold, using 2019-20 pay scales.

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<sup>33</sup> Imison, C. et al. (2017), *Shifting the balance of care: Great expectations* (2017), The Nuffield Trust <https://www.nuffieldtrust.org.uk/research/shifting-the-balance-of-care-great-expectations>

<sup>34</sup> Information Services Division, *Data Tables: Workforce* <https://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2302#2302>

As published in our quarterly statistics on 04 December 2018

<sup>35</sup> *ibid*

## Healthcare Science Professions

61. Healthcare Scientists are the fourth largest clinical group, and their work underpins over 80% of all clinical diagnoses. Further technological advances will bring many more opportunities for Healthcare Scientists to work across disciplines and NHS Board boundaries. The NHS Scotland workforce covers over 50 different scientific specialities in the three main strands of healthcare science – life sciences, physical sciences and physiological sciences.
62. Demand profiles for cardiac physiology suggests that demand for additional cardiac physiologists could range between 35 and 156 WTE within 10 years, on top of the current shortage of 16 WTE. Additionally, the Academy of Healthcare Science were able to highlight that in Vascular Science 20% of the labs (4 out of 20) say they have unfilled vacancies, but we were unable to collect further evidence within the short time-frames. Other notable shortages have been highlighted within Clinical Physiology; most acutely in Cardiac Physiology and Vascular Science. These issues are expanded upon within the NHS Lothian return, which has been appended. Additional profiles have been provided within Annex C for several key roles, experiencing acute vacancy.
63. The educational pathways for Healthcare Scientists vary in length and complexity, spanning a wide range of professions, with slight deviations in titles representing distinct and strategically significant roles. These job titles have often confounded classification and caused problems with Tier 2 visas particularly within various strands of Physical Sciences including: Medical Physics and Nuclear Medicine, as indicated within the appended return from NHS Lothian. There is currently no process whereby employers are able to appeal decisions, when disagreements with the Home Office occur, and in some cases this has caused considerable uncertainty for applicants.
64. Within Healthcare Science: Vascular scientists; Medical Illustrators; and the Maxillo-facial workforce are reliant on graduates from courses in England, and therefore have limited success in attracting individuals to work in Scotland.

## **Measures Taken to Reduce Shortages**

65. To accommodate changes in the Health Workforce, NHS Scotland has grown by ~5000 WTE in the past 5 years and continues to grow<sup>36</sup>. The Scottish Government has undertaken extensive workforce planning to mitigate the impact of Shortage Occupations. This includes the publication of a national Health and Social Care Workforce Plan.
66. The Scottish Government has a continuing commitment to “Grow our Own” NHS Scotland workforce. Between 2015-16 and 2020-21 the Scottish Government will have increased the annual intake of medical places in Scottish universities from 848 to 1038 (22%), including funding Scotland’s first Graduate Entry Medical programme. The Scottish Government has responded to vacancies in entry level and non-medical roles by introducing a tranche of funding to support Modern Apprenticeships through the “Get Into Healthcare programme”<sup>37</sup>.
67. To increase the attractiveness of work in remote and rural areas: Improvements have been made to digital networks, so that staff receive the support they need, and can access professional development opportunities. Support for remote and rural GPs has been provided through the rural fellowship scheme, as well as the attend anywhere video-conferencing service. The Scottish Government has offered a Targeted Enhanced Recruitment Scheme (TERS) with a bursary for £20,000 for successful applicants from selected GP programmes, to support those working in a more rural location. NHS Scotland have also responded to changing demands to the health system by developing enhanced and expanded multi-disciplinary community care teams, and restructuring the provision of essential services where necessary.
68. To meet projected future requirements, 2,600 additional nursing and midwifery training places are being created over this parliament as part of a wider package of measures to accelerate the supply of newly qualified nurses and midwives. It was announced in November 2018 that the number of nursing and midwifery student places will be increased by 7.6% in the 2019-20 educational year<sup>38</sup>. This will be the seventh year in succession that student numbers in this field has increased in Scotland. On 9 October 2018, the Scottish Government announced its intention to increase student bursaries for nursing and midwifery students to £10,000 in 2020-21 up from up from £6,578. All eligible students will also benefit from an interim increase to

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<sup>36</sup> Information Services Division, *Data Tables: Workforce* <https://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2302#2302>

*As published in our quarterly statistics on 04 December 2018*

<sup>37</sup> Scottish Government (2017), *Part 1 - A framework for improving workforce planning across NHS Scotland* <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/>

<sup>38</sup> Scottish Government News Release (2018), *Supporting the next generation of NHS staff* <https://www.gov.scot/news/more-support-for-student-nurses-and-midwives/>

£8,100 in 2019-20. This rise of £3,422 a year will help cover accommodation and living expenses during their studies. In addition, bursaries for care experienced students will move to £8,100 this financial year, an uplift of £1,522<sup>39</sup>. An additional discretionary fund of at least £1 million was launched in 2016 to provide a 'safety net' for nursing and midwifery students in most need. In 2017/18 we invested an extra £3 million per year to increase support for nursing and midwifery students with children or dependents.

69. NHS Scotland have made valuable use of the existing exemptions for Doctors and Nurses to the Tier 2 cap, investing £4 million in domestic and international recruitment<sup>40</sup>. On 06 October 2018, the Cabinet Secretary for Health and Sport formally approved the creation of an NHS Scotland International Recruitment Unit.

70. Specific areas of shortage have been addressed through targeted campaigns, with an additional £4 million spent on the Radiology Transformation Programme<sup>41</sup>. The Scottish Government is also undertaking a targeted recruitment campaign across all levels of Psychiatry.

## **Social Care Workforce**

71. **Professionalisation:** Staff within the social care workforce must acquire a qualification as part of their registration. This qualification typically leads to higher retention levels and improves transferable skills enhancing career development.

72. In contrast to the health and social care sector in England, registration requirements ensure that the majority of adult social care staff in Scotland will be trained to RQF level 3. As a result social care staff in Scotland would qualify for the minimum skills threshold recommended by MAC within the White Paper (Point 6.19), for the new skilled workers route, even where they may not meet the proposed salary threshold.

73. If as indicated, the skills threshold for inclusion on the Shortage Occupations List will be RQF level 6, this would be applicable to a lower proportion of staff, including approximately 22,000 jobs across the Scottish social service sector, including service managers, supervisor, social worker, nurses and occupational therapists.

74. **Integration and Workforce Planning:** The National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for

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<sup>39</sup> Scottish Government News Release (2018), *Supporting the next generation of NHS staff*  
<https://www.gov.scot/news/more-support-for-student-nurses-and-midwives/>

<sup>40</sup> Scottish Government News Release (2018), *Expansion of NHS recruitment*  
<https://news.gov.scot/news/expansion-of-nhs-recruitment>

<sup>41</sup> NHS Scotland Shared Services (2018), *Scottish Radiology Transformation Programme* [e-journal]  
<https://www.sharedservices.scot.nhs.uk/health-portfolio/programmes/radiology/>

social care in Scotland, recognises the diverse nature of social care and has seven key recommendations. The recommendations help services to ensure that they get the 'right people in the right place, at the right-time, to deliver sustainable and high-quality services with improved outcomes for those who use them.' They include:

- Collation of data to support workforce planning; analysis of labour markets to underpin workforce planning; improving guidance for workforce planning to support partnership working across the sector; co-production of workforce planning tools to enable service redesign and new models of care.
- Actions to address existing workforce challenges, including a national campaign to promote the sector as a positive career choice; enhancements to career pathways; improvements to training and education for the workforce and development of a professional framework in practice for social care and social work

### **Pay Provisions – Health and Social Care**

75. The Scottish Government has also recently agreed a 3 year pay deal for all non-medical, dental or executive staff in Scotland, to ensure that pay is competitive, and that NHS Scotland remains an attractive place to work. Staff at the top of their pay scale earning up to £80,000 will receive a 9% pay rise over 3 years. The increase for staff not yet at the top of their band could be considerably more – up to 27% over the 3 years. This maintains competitive pay, with staff of equivalent grades across the UK.
76. The Scottish Government has also introduced the real Living Wage for adult social care, currently £8.75 per hour. There will now be the expectation that adult social care workers are paid at least the real Living Wage regardless of whether they work for the public, private or voluntary sectors. The Scottish Government's budget includes support for additional expenditure by local government on social care, with an ongoing commitment to ensure all adult social care workers receive at least the real living wage.

**The following documents are attached as downloadable supporting files**

**NHS Scotland Health Boards: Survey Results**

Appended are the returns from five health board that are representative of the Broader NHS Scotland Workforce.

**NHS Education Scotland:**

The primary employer of the trainee medical workforce in Scotland.

**NHS Services Scotland :**

NSS provide a number of nationwide support functions including: information services; IT; distribution; procurement; pharmacy and dental services; and the Blood Transfusion Service

**Greater Glasgow & Clyde:**

Greater Glasgow and Clyde is Scotland largest health board employing almost a quarter of the NHS Scotland workforce.

**NHS Lothian:**

NHS Lothian is the second largest health board in NHS Scotland.

**NHS Grampian and NHS Orkney:**

NHS Grampian are a large rural health board, who have submitted a joint return with NHS Orkney, providing an insight into the specific demands of boards in more remote settings.

## UK Wide Shortage Occupations List Vacancy Data

SOC Code	Job Titles (& Further Criteria)	Number of Vacancies	Vacancy Rate (%)
2211 Medical Practitioners	Clinical radiology	43.2	11.9
	Emergency medicine	11.1	4.6
	Old age psychiatry	11.7	15.2
	CT3 trainee and ST4 – ST7 trainee in emergency medicine Core trainee in psychiatry <b>Non-consultant, non-training, medical staff posts in the following specialties:</b> Emergency medicine (including specialist doctors working in accident and emergency) Old age psychiatry Paediatrics		
2217 Medical Radiographers	HCP registered diagnostic radiographer	57.4 (Bands 5-9)	3.4
	Nuclear medicine practitioner Radiotherapy physics practitioner Radiotherapy physics scientist Sonographer	11.3	3.8
2219 Health Professionals not elsewhere classified	Neurophysiology healthcare scientist Neurophysiology practitioner Nuclear medicine scientist		
	Orthotist **	3.4	4.3
	Prosthetist **	0.5	1.6
2231 Nurses	All jobs in this occupation code	3022.2	4.8
	- Adult Nursing	1636.4	4.6
	- District Nursing	239.6	6.5
	- Mental Health Nursing	411.0	4.3
	- Paediatric Nursing	218.8	9.9
3213 Paramedics	All jobs in this occupation code	45.1	3.0

\*\* Orthotics and Prosthetics services are contracted to the private sector. Therefore this does not accurately represent the number of vacancies in the broader health workforce.

## Scotland Only Shortage Occupations List

SOC Code	Job Titles (& Further Criteria)	Number of Vacancies	Vacancy Rate (%)
2211 Medical Practitioners	Consultant in clinical oncology	4	4.2
	Non-consultant, non-training medical staff post in clinical radiology		
CT3 trainee and ST4 to ST7 trainee in clinical radiology All grades except CPT1 in psychiatry All grades in anaesthetics, paediatrics, obstetrics and gynaecology			
2217 Medical Radiographers	<b>Jobs on the UK SOL.</b> Medical physicist	71.5	3.4
	Staff working in diagnostics radiology (including magnetic resonance imaging).		

**Areas of High Vacancy****Other Health Professionals**

Total Workforce	Profession	Total vacancies	Vacancy Rate (%)	Vacant 3 months or more	
3086.2	Physiotherapy	205.6	6.7	52.6	
2347.4	Occupational therapy	94.0	4.0	25.9	
2118.1	Diagnostic Radiography	71.5	3.4	16.0	
1005.4	Speech and Language Therapy	52.8	5.3	16.4	
1513.5	Paramedics	45.1	3.0	22.5	
257	Clinical Physiology	Cardiac Physiology	16	6.22	
		Neurophysiology			
		Respiratory Physiology			
		Sleep Physiology			
		GI Physiology			

**Consultants**

<b>Total Workforce</b>	<b>Specialty</b>	<b>Total vacancies</b>	<b>Vacancy rate (%)</b>	<b>Vacant 6 months or more</b>
364.2	Clinical radiology	43.2	11.9	40.2
348.9	General psychiatry	41.3	11.8	25.5
313.0	General Surgery	29.1	9.3	5.5
201	Geriatric Medicine	18	9	6
125.7	Histopathology	14	11.1	10
122.6	Gastroenterology	14.6	11.9	9.6
76.8	Old age psychiatry	11.7	15.2	8.3
88.3	Urology	8.0	9.1	5.7
49.0	Forensic psychiatry	6.8	13.9	3
31.8	Oral & maxillofacial surgery	5	15.7	4
39.5	Palliative medicine	4.7	11.9	1.7
95.1	Oncology	4.0	4.2	2.1
9.9	Vascular surgery	4	40.4	2
8.1	Oral medicine	1.5	18.5	1.5

## Shortage Occupations List Profiles:

### Clinical Physiologists; Cardiac Physiology

Cardiac Physiologists carry out cardiac diagnostic tests, such as echocardiograms, pacemaker and other implantable device checks, blood pressure measurement, and tilt-table tests. In many hospitals cardiac physiologists take on specialist roles normally carried out by medical staff such as running chest pain and arrhythmia clinics and can be responsible for the long term monitoring of patients with congenital conditions, heart valve disease or replacement valves. Cardiac Physiologists can play a key part in reducing admissions to hospital for patients.

In NHS Scotland over the last 5 years there has been a 46% increase in the demand for cardiac physiology services. As of 2018 the Cardiac Physiology workforce in NHS Scotland consists of 257 whole time equivalent (WTE) staff. 70% of departments in Scotland indicated they have at least one vacant post and the overall vacancy rate is estimated at 10%. This being the case it is assumed that the establishment for cardiac physiology is approximately 283 WTE. However, some NHS boards still require to use bank and locum staff, even when their department has a full complement of staff. There is a current shortage of 16 WTE.

Short term solutions have been explored to mitigate existing vacancy issues and to reduce patient waiting times. These include:

- Demand management through redesign of pathways, standardised referral criteria and use of alternative assessment methods.
- Build Consultant vetting into the clinical assessment, to ensure appropriate referrals.
- Facilitate international recruitment, where appropriately qualified staff exist, through inclusion on the Shortage Occupations List.
- Encourage the retention of existing experienced staff members and returners to practice using flexible working patterns, bursaries, Professional Development and extended training roles
- Limit/cap the use of locum/agency staff (cost of 1 locum would employ 2 permanent cardiac physiologists. Establish mandatory local “banks” which pay less than locum agencies, but more than Agenda for Change.

Medium Term solutions (across the 3 to 5 Years) centre around increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSC programmes. This in house training approach brings the added benefit of allowing trainees to contribute to service delivery during their training.

Using the conservative estimate of 30 additional WTE required within 4 years, this would require substantial investment in these training programs now in order to see the benefit within 4 years. The current production rate of Cardiac Physiologists in Scotland is around 5 per year.

### **Physiotherapy**

The number of physiotherapists working in NHS Scotland has remained fairly static over the last five years but the demand for this role is increasing dramatically as services are transformed across Scotland. This is seen particularly in primary care where first point of contact practitioner (FCP) physiotherapists can safely manage the majority of the musculoskeletal (MSK) caseload in general practice, freeing up GPs time to manage more complex care. NHS Boards across Scotland have indicated challenges in recruitment across all of the allied health professional (AHP) workforce but particularly around physiotherapy. There are currently 205.6 physiotherapy vacancies, which represents a rate of 6.7% of the total physiotherapy workforce.

Increased demand for physiotherapists is likely to continue over the coming years as the FCP role becomes more recognised and valued; services continue to be developed; and the benefits are realised. Primary Care Implementation Plans that have recently been submitted by NHS Boards (18 out of 31 received to date) indicate that adverts will shortly go out for up to 73 FCP physiotherapists across Scotland.

### **Prosthetics/Orthotics Scotland**

#### **British Association of Prosthetists and Orthotists (BAPO)**

Prosthetists and Orthotist have been on the national workforce shortage list for the last 3 years and the situation is worsening with Health Education England actively supporting the profession and trying to find alternative training courses including developing apprenticeships. The profession has been identified as small and vulnerable within the UK.

In the UK two training schools exist for undergraduate education (Strathclyde University - Scotland, and Salford University - England). Qualifying entitles you to apply for HCPC registration, to practice as a Prosthetist/Orthotist.

Prosthetics/Orthotics experiences a high attrition rate with graduates entering clinical practice lasting an average of 3-5 years before moving on, whilst others return home or choosing alternative professional routes such as further education.

Historically the workforce in Scotland has been fairly stable but with recent changes to service provision such as the Musculoskeletal (MSK) 4 week targets, the numbers of clinicians have been rising in most boards.

Whilst five years ago, a job advert in Scotland would attract at least 6-8 applicants, now NHS Scotland have unfilled posts and services report that it is increasingly difficult to recruit to temporary contracts.

For example NHS Greater Glasgow and Clyde report a vacancy rate of around 12% for the past year. In the last 12 months they have lost 10 staff (some temporary, some bank) and have 2 members of staff on maternity leave. NHS GG&C were unable to fill a recent yearlong maternity cover due to 0 applicants.

## ANNEX C

NHS Forth Valley – run a mixed model service with 2.8 WTE employed by the NHS and 0.7 WTE employed by a contractor supplying clinical service to the board as part of a national contract. The contractor has had a band 6 vacancy for over 6 months being unable to recruit to this position.

One of the benefits of using a contracted model is the larger pool of staff available to cover holidays/sickness and study leave. NHS Forth Valley report they have not had full cover for any of the above roles in over a year, due to staff shortages in Scotland by the contractor resulting in service disruption. Two months ago NHS Forth Valley advertised for a 3 month secondment band 5 backfill post and had no applicants.

Because there is a shortage of Orthotists in England new graduates often start in band 6 positions and then are unwilling to apply for a band 5 in Scotland. In other cases graduates are often employed prior to graduation in England.

With such a small workforce in Scotland the Prosthetics/Orthotics workforce can be adversely affected by external factors and has a small pool of resources available to address these issues.

## Supporting Publications

Contribution of EEA Citizens to Scotland:

<https://www.gov.scot/binaries/content/documents/govscot/publications/report/2017/11/contribution-eea-citizens-scotland-scottish-governments-response-migration-advisory-committee-9781788514057/documents/00527237-pdf/00527237-pdf/govscot%3Adocument>

Scotland's Place in Europe:

<https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2016/12/scotlands-place-europe/documents/00512073-pdf/00512073-pdf/govscot%3Adocument>

Scotland's Population Needs and Migration Policy:

<https://www2.gov.scot/Resource/0053/00531087.pdf>

## Publications – Social Care in Scotland.

[Coalition of Care and Support Providers in Scotland \(2018\) 2017 Benchmarking report for Voluntary Sector HR Network and CCPS](#)

[Scottish Care \(2017\) Care Home Workforce Data Report](#)

[Scottish Care \(2018\) The 4Rs: The open doors of recruitment and retention in social care](#)

[Scottish Government \(2018\) Delivering for today, investing for tomorrow: The Government's Programme for Scotland 2018-19](#)

[Scottish Government, Convention of Scottish Local Authorities et al \(2018\), Update on the Scottish Living Wage Commitment for adult social care workers](#)

[Scottish Government \(2018\) The Contribution of Non-UK EU Workers in the Social Care Workforce in Scotland](#)

[Scottish Government \(2018\) Early Learning and Childcare providers: delivery support plan](#)

[Scottish Social Services Council \(2018\) Scottish Social Services Sector: Report on 2017 Workforce Data](#)

[Staff Vacancies in care services 2017 report \(Jan 2019\), Care Inspectorate and Scottish Social Services Council](#)



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